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OUZ292 7590 12/03/2004

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(Depositor's name)

(Signature)

02/18/2005 SDENBOB2 0000046 10602788

(Date)

APPLICATION NO.	FILING DATE	FIRST NAM	MED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/602,708	06/25/2003	Tomohisa Okuno		2936-0179P	9987
TITLE OF INVENTION: \	VOLTAGE CONVERSION C	IRCUIT AND SEMICOND	uctor integrated <b>gi</b> r <b>f</b>	IT DEVICE PROVIDED THE	1400.00 OP
			02 FC:	1504	200 00 00
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	300 APE DUE
nonprovisional	NO	\$1370	\$300	\$1670	03/03/2005

nonprovisional NO \$1370 \$300 \$1670 03/03/2005 18.00 pp

EXAMINER ART UNIT CLASS-SUBCLASS

LUU, AN T 2816 327-172000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1Birch, Stewart,

CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Kolasch		
3		

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sharp Kabushiki Kaisha

Osaka, JAPAN

Please check the appropriate assignee category or categories (will not be 4a. The following fee(s) are enclosed:	e printed on the patent):		
☐ Issue Fee ☐ Publication Fee (No small entity discount permitted)	A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.		
Advance Order - # of Copies6	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-2448 (enclose an extra copy of this form).		
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	lication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.		

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Authorized Signature Towns 11 C. Riveh

Date February 17, 2005

Typed or printed name Terrell C. Birch Registration No. 19,382

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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